

**COMPLIANCE CHECKLIST****► Imaging Suite**

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

**Instructions:**

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) next to the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

**X** = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

**E** = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

**W** = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

.....

Satellite Address: (if applicable)

.....

Project Reference:

.....

.....

Dates:

Initial Date: .....

Revision Date: .....

DON Identification: (if applicable)

.....

Building/Floor Location:

.....

.....

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**7.10.A GENERAL

- 7.10.A3 ☐ Access to beds & stretchers from other departments  
☐ Suite is accessible to emergency, surgery, cystoscopy & outpatient departments  
 7.10.A4 ☐ Structural support for ceiling-mounted equipment

7.10.B ANGIOGRAPHY

- ☐ check if service not included in project  
 7.10.B1 ☐ Procedure rooms min. 400 sf

- ☐ Vent. min. 15 air ch./hr  
☐ positive pressure  
☐ low air return registers

- 7.10.B2 ☐ Control room (fully enclosed)  
☐ view window for full view of patient

- 7.10.B3 ☐ Film viewing area  
☐ at least 10 ft long

- 7.10.B4 ☐ Scrub station located outside staff entry to procedure rm  
 7.10.B5 ☐ Patient holding area

- ☐ piped or portable OX & VAC (Policy)

- ☐ capacity for 2 stretchers per procedure room  
 7.10.B6 ☐ Storage for portable equipment & catheters  
 7.10.B7 ☐ Post-procedure observation of outpatients within facility

7.10.C COMPUTERIZED TOMOGRAPHY (CT) SCANNING

- ☐ check if service not included in project  
 7.10.C1 ☐ CT scanning room sized to accommodate equipment

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

- 7.10.C2 ☐ Control room for computer & other controls (fully enclosed)  
☐ view window for full view of patient  
 7.10.C3 ☐ control operator has view of patient's head  
☐ control room located for convenient film processing

- ☐ Vent. min. 4 air ch./hr

- 7.10.C4 ☐ Patient toilet  
☐ located convenient to CT scanning room  
☐ direct access **or** ☐ access from corridor  
☐ from scanning room only  
☐ & corridor

- ☐ Min. 10 air ch./hr (exhaust)  
☐ Handwashing station  
☐ Emerg. pull-cord call station

7.10.D DIAGNOSTIC X-RAY

- A7.10.D1 ☐ Chest X-ray rooms:  
☐ check if service not included in project  
☐ sized for equipment

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

- Radiography rooms:  
☐ check if service not included in project  
☐ sized for equipment  
☐ min. 180 sf

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

- A7.10.D2 ☐ Tomography rooms:  
☐ check if service not included in project  
☐ min. 250 sf

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

- A7.10.D2 ☐ Radiography/fluoroscopy rooms:  
☐ check if service not included in project  
☐ min. 250 sf

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

- 7.10.G4 ☐ separate toilet rooms  
☐ direct access from R/F room  
☐ direct access to corridor

- ☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emergency call system

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

A7.10.D3	Mammography rooms: <input type="checkbox"/> check if service <u>not</u> included in project ____ min. 100 sf	
Policy	Bone densitometry rooms: <input type="checkbox"/> check if service <u>not</u> included in project ____ sized for equipment	____ Handwashing station ____ Vent. min. 6 air ch./hr
7.10.D4	____ Shielded control alcove at each X-ray room (except for mammography rooms) ____ view window w/ full view of patient/exam table	
7.10.G10	____ Offices for radiologist(s) and assistant(s) ____ provisions for viewing, individual consultation & charting	
Policy	Film handling facilities: <input type="checkbox"/> check if service <u>not</u> included in imaging suite (only if <u>all</u> imaging data is digitally transmitted & recorded)	
7.10.G7	____ Film storage (active) room ____ cabinets or shelves for filing and immediate retrieval of patient films	
7.10.G8	____ Film storage (inactive) room or area ____ protection from loss or damage	
7.10.G9	____ Storage for unexposed film ____ protection from exposure or damage	
7.10.G13	____ Contrast media preparation room <b>or</b> ____ Contrast media storage room when pre-prepared media is used ____ counter ____ sink ____ storage	____ Vent. min. 10 air ch./hr (exhaust)
7.10.G14	____ Darkroom ____ located near procedure rooms & quality control area	____ Min. 10 air ch./hr (exhaust)
7.10.G15	____ Quality control area ____ located near processor for viewing film after processing	____ View boxes with consistent lighting for comparison of several adjacent films
7.10.E	<b><u>MAGNETIC RESONANCE IMAGING (MRI)</u></b> <input type="checkbox"/> check if service <u>not</u> included in project	
7.10.E1	____ MRI procedure room ____ sized to accommodate functional program ____ min. 325 sf	____ Vent. min. 6 air ch./hr ____ Venting of cryogen exhaust ____ Handwashing station convenient to MRI room ____ Supplemental air conditioning
7.10.E2	____ Control room (fully enclosed) ____ min. 100 sf ____ full view of MRI	
7.10.E3	____ Computer room ____ sized as required for equipment ____ min. 150 sf	
A7.10.E4	Cryogen storage <input type="checkbox"/> check if service <u>not</u> included in project ____ min 50 sf area	____ Vent. min. 10 air ch./hr (exhaust)

**ARCHITECTURAL REQUIREMENTS**

- 7.10.E9 ☐ Inpatient holding area  
☐ convenient to MRI procedure room  
☐ under staff control
- Policy ☐ privacy curtains  
☐ staff access clearance on each side of stretchers

7.10.F ULTRASOUND

- ☐ check if service not included in project
- 7.10.F1 ☐ Space to accommodate functional program

- 7.10.F2 ☐ Patient toilet  
☐ accessible from procedure room

7.10.G SUPPORT SPACES

- 7.10.G1 ☐ Patient waiting area  
☐ out of traffic and under staff control  
☐ seating capacity, as per functional program  
☐ separate areas for inpatients & outpatients  
☐ with visual separation
- 7.10.G2 ☐ Control desk & reception area
- 7.10.G3 ☐ Inpatient holding area  
☐ convenient to imaging procedure rooms  
☐ under staff control
- Policy ☐ privacy curtains  
☐ staff access clearance on each side of stretchers

- 7.10.G4 ☐ Patient toilet rooms  
☐ convenient to waiting rooms

- 7.10.G5 ☐ Patient dressing rooms  
☐ convenient to waiting and X-ray rooms  
☐ seat or bench and mirror  
☐ provisions for hanging clothes  
☐ provisions for secure storage of valuables

- 7.10.G6 ☐ Staff facilities  
☐ toilet rooms  
☐ staff lounge  
☐ lockers  
☐ 3 or more **or** ☐ less than 3  
☐ procedure rooms ☐ procedure rooms  
☐ staff facilities within ☐ staff facilities  
☐ imaging suite ☐ convenient to  
☐ imaging suite

- 7.10.G11 ☐ Clerical offices/spaces
- 7.10.G12 ☐ Consultation area
- 7.10.G16 ☐ Cleanup facilities  
☐ storage space for equipment and supplies
- 7.10.G18 ☐ Clean storage, for clean linen and supplies
- 7.10.G19 ☐ Soiled holding

- 7.10.G20 ☐ Locked storage for medications and drugs

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- ☐ piped or portable OX & VAC  
(Policy)

- ☐ Handwashing station  
☐ Vent. min. 6 air ch./hr

- ☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emerg. pull-cord call station

- ☐ Vent. min. 12 air ch./hr (exhaust)

- ☐ piped or portable OX & VAC  
(Policy)

- ☐ Handwashing stations  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emerg. pull-cord call station

- ☐ Handwashing station  
☐ Vent. min. 10 air ch./hr (exhaust)

- ☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Service sink or floor receptor

- ☐ Handwashing facilities  
☐ Vent. min. 10 air ch./hr (exhaust)

**ARCHITECTURAL REQUIREMENTS**

- 7.10.H CARDIAC CATHETERIZATION LAB (CARDIOLOGY)  
☐ check if service not included in project
- 130.955 \_\_\_ Access to the diagnostic services listed on Page 6
- 7.10.H1 \_\_\_ Appropriate sterile environment  
 \_\_\_ Procedure room  
 ▷ Extensive Construction | ▷ Limited Renovations  
 ▷ New/Relocated Service
- 130.960(B)/7.10.H2 \_\_\_ min. 500 sf (excluding casework) | \_\_\_ min. 400 sf (excluding casework)
- 7.28.B8 Ceiling:  
 \_\_\_ monolithic ceiling  
**or**  
 \_\_\_ washable ceiling tiles with gasketed & clipped down joints
- 7.10.H3 \_\_\_ Control room (fully enclosed)  
 \_\_\_ sized for imaging equipment  
 \_\_\_ view window providing full view of patient
- 7.10.H4 \_\_\_ Electrical equipment room
- 7.10.H5 \_\_\_ Scrub facilities  
 \_\_\_ adjacent to procedure room entrance

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- \_\_\_ Vent. min. 15 air ch./hr  
 \_\_\_ positive pressure  
 \_\_\_ low air return registers  
 \_\_\_ 2 OX, 2 VAC, 2 MA
- \_\_\_ Lighting on emergency power  
 \_\_\_ All receptacles & fixed equipment on emerg. power
- \_\_\_ Scrub sink(s)  
 \_\_\_ knee or foot controls  
**or**  
 \_\_\_ electronic sensor controls  
 \_\_\_ on emerg. power

- 7.10.H ELECTROPHYSIOLOGY STUDIES (CARDIOLOGY)  
☐ check if service not included in project  
☐ check if service performed in Cardiac Catheterization Procedure Room
- 130.955 \_\_\_ Access to the diagnostic services listed on Page 6
- 130.982 \_\_\_ Hospital licensed to provide cardiac catheterization services
- 7.10.H1 \_\_\_ Appropriate sterile environment  
 \_\_\_ Procedure room  
 ▷ Extensive Construction | ▷ Limited Renovations  
 ▷ New/Relocated Service
- 130.960(B)/7.10.H2 \_\_\_ min. 500 sf (excluding casework) | \_\_\_ min. 400 sf (excluding casework)
- 7.28.B8 Ceiling:  
 \_\_\_ monolithic ceiling  
**or**  
 \_\_\_ washable ceiling tiles with gasketed & clipped down joints
- 7.10.H3 \_\_\_ Control room  
 \_\_\_ sized for imaging equipment  
 \_\_\_ view window providing full view of patient
- 7.10.H4 \_\_\_ Electrical equipment room
- 7.10.H5 \_\_\_ Scrub facilities  
 \_\_\_ adjacent to procedure room entrance

- \_\_\_ Vent. min. 15 air ch./hr  
 \_\_\_ positive pressure  
 \_\_\_ low air return registers  
 \_\_\_ 2 OX, 2 VAC, 2 MA
- \_\_\_ Lighting on emergency power  
 \_\_\_ All receptacles & fixed equipment on emerg. power
- \_\_\_ Scrub sink(s)  
 \_\_\_ knee or foot controls  
**or** \_\_\_ electronic sensor controls  
 \_\_\_ on emerg. power

## MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

(Cardiac Catheterization & Electrophysiology Studies)

- \_\_\_ Staff change areas
  - \_\_\_ lockers
  - \_\_\_ showers
  - \_\_\_ toilets
- \_\_\_ space for donning surgical attire
- \_\_\_ one-way traffic pattern directly into cardiac cath. suite

7.10.H7

- \_\_\_\_ Patient preparation, holding & recovery area
- \_\_\_\_ under visual staff observation
- \_\_\_\_ min. 2 recovery stations per procedure room
- \_\_\_\_ min. 3'-0" clearance on sides & end of recovery beds
- \_\_\_\_ sight/sound privacy

- \_\_\_ Handwashing station
- \_\_\_ Access to bedpan cleaning equipment
- \_\_\_ 1 OX & 1 VAC for each bed
- \_\_\_ Nurses call button at each bed
- \_\_\_ Vent. min. 6 air ch./hr

☐ Clean workroom:      **or**      ☐ Clean supply room (for  
☐ counter holding of clean & sterile  
☐ handwashing station materials from central  
☐ storage facilities supplies area):  
☐ space to package ☐ storage facilities  
☐ reusable items

- \_\_\_ Vent. min. 4 air ch./hr
- \_\_\_ Temperature & moisture control
- \_\_\_ Duty station call signal (audio/  
visual)

\_\_\_\_ Soiled workroom  
\_\_\_\_ work counter  
\_\_\_\_ space for waste & soiled linen receptacles

\_\_\_\_ Flushing-rim clinical sink  
 \_\_\_\_ Handwashing station  
 Vent. min. 10 air ch./hr (exhaust)

\_\_\_ Housekeeping closet  
storage for housekeeping supplies & equipment

\_\_\_\_ Service sink or floor receptor  
Vent. min. 10 air ch./hr (exhaust)

Film handling facilities:  
☐ check if service not included in imaging suite  
 (only if all imaging data is digitally transmitted & recorded)  
 \_\_\_\_ Viewing room  
 \_\_\_\_ Film file room

Cardiac Catheterization & Electrophysiology Studies Supportive Diagnostic Services	If on-site ✓ box	If off-site indicate service location
Services for hematology & coagulation disorders	<input type="checkbox"/>	
Electrocardiography	<input type="checkbox"/>	
Diagnostic radiology	<input type="checkbox"/>	
Clinical pathology	<input type="checkbox"/>	
Nuclear medicine	<input type="checkbox"/>	
Nuclear cardiology	<input type="checkbox"/>	
Doppler echocardiography	<input type="checkbox"/>	
Pulmonary function testing	<input type="checkbox"/>	
Microbiology	<input type="checkbox"/>	
Exercise stress testing	<input type="checkbox"/>	
Cardiac pacemaker station	<input type="checkbox"/>	

GENERAL STANDARDSDetails and Finishes

## Inpatient corridors

- |  |  |
|--|--|
| <input type="checkbox"/> New/Extensive Construction<br><input type="checkbox"/> min. corridor width 8'-0" (NFPA 101) | <input type="checkbox"/> Limited Renovations<br><input type="checkbox"/> corridor width unchanged or increased |
|--|--|

## Staff corridors

☐ min. corridor width 5'-0" (7.28.A2)

☐ Fixed & portable equipment recessed does not reduce required corridor width (7.28.A3)

☐ Work alcoves include standing space that does not interfere with corridor width

☐ check if function not included in project

## Doors (7.28.A6-A9):

- ☐ doors to rooms used for stretchers or wheelchairs min. 2'-10" wide
- ☐ all doors are swing-type
- ☐ outswinging/double-acting doors for toilet rooms
- ☐ doors to occupiable rms do not swing into corridors

## Glazing (7.28.A11):

☐ safety glazing or no glazing under 60" AFF & within 12" of door jamb

☐ Thresholds & exp. joints flush with floor surface

☐ Grab bars in all patient toilets & bathing facilities

☐ 1½" wall clearance

☐ 250 lb. capacity (7.28.A14)

☐ Handwashing sinks anchored to withstand 250 lbs.

## Vertical clearances (7.28.A20):

- ☐ ceiling height min. 7'-10", except:
  - ☐ 7'-8" in corridors, toilet rooms, storage rooms
- ☐ sufficient for ceiling mounted equipment
- ☐ min. clearance under suspended pipes/tracks:
  - ☐ 7'-0" AFF in bed/stretcher traffic areas
  - ☐ 6'-8" AFF in other areas

## Floors (7.28.B4):

- ☐ floors easily cleanable & wear-resistant
- ☐ non-slip floors in wet areas
- ☐ wet cleaned flooring resists detergents

## Walls (7.28.B6):

- ☐ wall finishes are washable
- ☐ smooth/water-resist. finishes at plumbing fixtures

Mechanical (7.31.D)

- ☐ Mech. ventilation provided per Table 7.2
- ☐ Exhaust fans located at discharge end
- ☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ☐ Contaminated exhaust outlets located above roof
- ☐ Ventilation openings at least 3" above floor
- ☐ Central HVAC system filters provided per Table 7.3

Plumbing (7.31.E)

## Handwashing station equipment

- ☐ handwashing sink
  - ☐ hot & cold water
  - ☐ single lever or wrist blades faucet
- ☐ soap dispenser
- ☐ hand drying facilities

## Sink controls (7.31.E1):

- ☐ hands-free controls at all handwashing sinks
- ☐ blade handles max. 4½" long
- ☐ blade handles at clinical sinks min 6" long

☐ Medical gas outlets provided per 7.31.E5 & Table 7.5
Electrical (7.32)

- ☐ All occupied building areas shall have artificial lighting (7.32.D2)
- ☐ Duplex, grounded receptacles max. 50 feet in corridors, max. 25 feet from end wall (7.32.E3)

## Emergency power (7.32.H)

- ☐ emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110
- ☐ emergency power source provided with fuel capacity for continuous 24-hour operation